

SECRET

PERSONALITY (201) FILE REQUEST

TO RI/ANALYSIS SECTION	DATE 4 January 1957
FROM EE/G/W3	ROOM NO. 2203 K TELEPHONE 3913

INSTRUCTIONS: Form must be typed or printed in block letters.

SECTION I: List 201 number, name, and identifying data in the spaces provided. All known aliases and variants (including maiden name, if applicable) must be listed. If the identifying data varies with the alias used, a separate form must be used. Write UNKNOWN for items you are unable to complete.

SECTION II: List cryptonym or pseudonym if assigned. If true name is sensitive, fill in the 201 number and Section II only. If true name is non-sensitive, both Sections I and II must be completed.

SECTION III: To be completed in all cases.

SECTION I				
1. NAME (Last) Cube, von	(First) S	(Middle) Leonid	(Title)	3.
NAME VARIANT				
TYPE 2. NAME	(Last)	(First)	(Middle)	(Title)
PHOTO	4. BIRTH DATE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 24 Jan 1912	5. COUNTRY OF BIRTH Lettland	6. CITY OR TOWN OF BIRTH Tschita	7. OTHER IDENTIFICATION 8.
OCCUPATION/POSITION Executive position with German Evangelical Church				
SECTION II				
CRYPTONYM OR PSEUDONYM <input type="checkbox"/> SENSITIVE <input checked="" type="checkbox"/> NON-SENSITIVE				
SECTION III				
COUNTRY OF RESIDENCE WGer	10. ACTION DESK EE/G/W3	11. 2ND CITY INTEREST <input checked="" type="checkbox"/>	12. 3RD CITY INTEREST <input type="checkbox"/>	12A.
COMMENTS:				

This file is to be retained permanently by this desk.

NAZI WAR CRIMES DISCLOSURE ACT

Declassified and Approved for Release
by the Central Intelligence Agency

Date: 2003, 2005

EXEMPTIONS Section 3(b)

(a) Privacy

(b) Methods/Sources

(c) Foreign Relations

Restricted to EE/G

OPEN FILE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	RESTRICTED FILE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	SIGNATURE
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